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W. C. H
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On

Pleuritis

By

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Pleurisy.

By Dr. Cullen, the term Pneumonia, is made to embrace both Peripneumony or Pneumony; which by some authors is defined to be an inflammation of the parenchyma of the Lungs; and Pleurisy which has its seat in the pleura.

Cullen supposing them to be one disease, and only differing as respects their seat; did not think it necessary to treat of them separately.

The Diagnostic between them is certainly very uncertain and obscure, and as respects practical purposes, no good can result from separating them; yet, to me, it seems plausible that there should exist greater difficulty of breathing, and more oppression about the chest in Peripneumony than in Pleurisy.

Leaving the combined subject, I shale confine

myself in what I have to say, to Pleurisy; the treatment of which, I think equally applicable to Peripneumonia, whether its seat be in the parenchyma, or serous membrane lining the lungs.

Pleurisy is a disease of Class, Pyrexiæ and order Phlegmasiæ of Dr Cullen's Synopsis of Methodical Nosology.

This is a disease which has its seat in the Pleura, a serous membrane, lining completely the parietes of the lungs and thorax. "It is stated by Bichat, whose authority I very much esteem, that this membrane in its natural, healthy state, has but little more than organic sensibility, and when recently laid bare and irritated, scarcely imparts more than the simple sense of feeling, uncombined with pain; but if its sensibility be raised by inflammation (which soon spreads over its surface)

it imparts the most acute and excru-
-ciating pain." "In its sound state, there
appears to be no red blood in the vessels of
this membrane."

I have thought it proper to say the
above, of the natural appearance and sens-
-ibility of this membrane, that we might
the better judge of its morbid appear-
-ances. I shall now proceed to mention
the causes, morbid appearances, and treatment,
of this disease, in as brief and correct a man-
ner as I am capable of. And first of the
Causes.

The causes of Pleurisy are such as pro-
-duce catarrh and other inflammatory affect-
-ions generally; In fact, I take the disease to
be a catarrh affecting a serous, instead of a
mucous membrane; for what would produce
cold under certain circumstances, with a
little exageration of the same would produce pleurisy.

Every thing which checks perspiration suddenly, and determines the fluids inwardly is liable to produce this disease; consequently, sudden vicissitudes of weather, change of dress from thin to warm clothing, cooling too suddenly after being overheated, or the direct application of cold to the surface. Playing on wind instruments and external injuries are also enumerated among the causes

Symptoms. Pleurisy is more apt to attack the robust and vigorous and those of an inflammatory diathesis; consequently, more frequently men than women. It is more apt to attack those who have passed the meridian of life than the young. The disease comes on with rigors and flushing, an increased heat over the whole body, together with nausea, sometimes vomiting, thirst, white tongue; but the most prominent symptom in this disease is an acute pain in the chest commonly in one or the other side, [illegible]

It is said by Cullen, to attack the right, more frequently than the left, and in either, its seat is about opposite the 6th rib. The experience of many, practitioners would give the majority of cases to the left, instead of the right.

There is considerable difficulty of breathing and the patient cannot by any means make a full inspiration without experiencing acute pains.

The pulse is hard, strong, quick, and frequent, vibrating under the fingers; there is cough, and oppression about the chest, together with an inability to lie on the affected side, and sometimes the patient forces being propped up in bed not being able to lie at ease in any posture.

The cough at the onset is generally dry, sometimes moist, and the sputa exhibit various appearances, as it respect, color and consistence being frequently mixed with blood.

The pain sometimes shifts from side, and this is thought an unfavorable symptom by Cullen

but now it is considered as favorable. I suspect it partakes of the nature of rheumatism — in cases where the pain is unfixed and shifting.
"Bichat states that the pain of one side is frequently sympathetic; for in dissecting bodies, dead of this disease he has only found inflammation on one, although there was pain in both sides during life." It is also stated by some author whose name I do not recollect that the brain sometimes takes on sympathetic inflammation, but I am rather inclined to suppose that he was misled by cases of Parakthrenitis.
Prognosis. The prognostic in this, as well as all other diseases must be inferred from the violence of the symptoms. When the pain is very severe the fever high, with delirium, the cough frequent and dry, attended with great anxiety and difficulty of breathing we may justly appre-hend danger; and if the face becomes livid and neck swelled with a weak intermitting pulse;

or there shall come on frequent rigors, with flushing of the cheeks, languid countenance, a frequent weak pulse. we may be assured that a suppuration has taken place which will most probably carry off the patient in a very short time.
But if the constitution of the patient be good, the pains are fewer moderate, and neither cough nor difficulty of breathing troublesome, we may calculate with certainty on a slow recovery, for under this type the disease is as manageable as any other to which the economy is subjected.
As it is common for some circumstances to come on about the crisis of this disease which persons unacquainted, so, any coming on, will be favorable, and should be encouraged.
The evacuation which proves most unfavorable is an free expectoration, and it is always perilous in the latter stages of Pleurisy to give some expectorant and demulcent medicine in order to promote it.

Bodies who have died of this disease exhibit various morbid appearances, the most common, of which are adhesions of the lungs to the ribs and intercostal muscles; effusions of blood into the parenchyma of the lungs; serous effusions; an effusion of serpentine matter, which has the appearance of unstrained whey, and may be considered the pus peculiar to the serous membrane. The pleura exhibits an irregularly tinged and inflamed appearance throughout its whole extent, and a layer of coagulable lymph is spread over the inflamed surface, which has the name of false membrane. Abscesses and tubercles are also found together with various other morbid appearances.

Treatment. In the first stages of Pleurisy the main anchor of our hopes is the lancet, giving due consideration to the symptoms, constitution, age and habits of the patient. We should continue to use it boldly, until some con-

considerable

siderable abatement of pain and fever comes on.
As to the precise quantity that should be taken;
it is out of ones power to say on paper;
for the symptoms must govern the practitioner
In a severe case attacking a good constitution
— on 30 ℥ for the first bleeding will often be ne-
-cessary and to have a good effect the blood
should come out in a bold stream and by that
means take a large quantity in a short time.
As the disease is apt to end in effusion of
blood into the lungs or in suppuration between
the 4th and 12th day, it will be frequently our
duty in order to prevent this, to repeat the bleeding
several times; yet, the appearance of the blood, the
the pulse, the pain and difficulty of breathing must
limit the quantity taken. We should towards the
last, substitute leeches and cupes for the lancet;
for after inflammation has existed any length
of time the minute vessels become so involved,
and being almost or quite independant of the
heart

the lancet is not so well adapted to them as to venæ
bleeding.

After we have taken the necessary quantity
of blood, what will be shewn by a measu-
rable abatement of pain and fever together
with the want of the buffy coat, blisters will come
in admirably to our assistance. It is surprising
to see what immediate relief from pain they
afford if applied at the proper stage of Pleurisy.
Warm applications will be found necessary
when from objections of the patient we can-
not apply blisters, and the best manner of
applying them is, by having bags of heated oat,
ashes, or oats applied over the pained part.
About the time that depletion has been carried
far enough there generally comes on a moisture
of skin and free expectoration, and in order
to endeavor to promote these, diaphoretics will
be very useful. They seem to take of the remaining
sharp edge of inflammation by diverting the Tubes

so peculiarly

abundant topical to the general, dermoid, and mucous surfaces consequently producing expec-toration and diaphoresis.

The best of this class of remedies are those which induce their effects without stimulating much, and this indication is well fulfilled by a combination of Nitre and Tart. antim or Ipecac; Vin. Antim and spt. Nitre or the Spts Mindereri.

A strong infusion of the Asclepias Decumbens is said by good authority to be peculiarly adap-ted as a diaphoretic to this affection.

The Snake roots are also highly spoken of, and no doubt are useful remedies in the latter stages.

The Tinct Digitalis is said also to be useful, and I am disposed to think, that after the disease has assumed somewhat of a chronic form, it may in many cases be used with advantage.

To relieve cough, which is often harassing, the following may be used

℞ Extract. Glycirrh. ℥ij

Aqua. Mont. Ferv. ℥ij. M. ft. solut.
adde Vin antim. ℥ss

Tinct. Ope. gtt XXX. M. of the
a tablespoonful may be taken every
4 hours infusion of the slippery elm, may
be used with much advantage as a demulcent

From the commencement of Pleurisy, the
bowels should be kept open by salts and
senna or Olium Ricini, and mild injections,
but active purging should be avoided as expe-
rience has forbidden it in Pectoral affections

If after the acute stage of Pleurisy is over
there should remain tightness and oppression
about the chest, with difficulty of breathing,
a combination of Squill, Calomel and opium, may
be given in small doses and repeated 3 or 4 times a
day. with advantage; and if a slight
ptyalism is produced, it will more effectually
guard the system against the sequels of the
disease

Regimen. During the progress of Pleurisy the diet should consist of arrow root, sago, tapioca or barley &c; carefully avoiding animal food and spirituous liquors.
The drink may consist of lemonade, toast, or apple water taken moderately tepid.